FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGE

File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committee for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically. RESILES.

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COMMIXTEE NAME (Must be same as on Statement of Organization)	· · · · · ·
IMPORTANT: Indicate by # type of committee you are reporting for. [5] (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State (4) County Contral Committee (5) County Candidate (6) City Candidate (7) School Board Subdivision Candidate (6) County PAC (9) City PAC (10) School Board or Other Political	Party (Rev. 12/2009) REPORT
CANDIDATE COMMITTEES ONLY:  Candidate Name  Political Party  Office Sought  District (if Sens	Comm. # Logged In Soanned Computer Audited Logical Sean Sean Sean Sean Sean Sean Sean Sean
candidate's committee, and the chairperson, for any other type of committee, is the individual of the chairperson of the state of the chairperson	PHONE DATE SIGNED
I AM FILING A Flor Too REPORT FOR (report date)	(1) ELECTION /(2)NON-ELECTION YEAR. Indicate by #
CHECK IF AMENDMENT TO REPORT DATED	Local Committees, enter Date of Election
☐ Check if this is final (termination) report and attach Notice of Dissolution Form D	DR-3. County & Local Committees, onler County in
(You must continue to file reports until a DR-3 is filed.)	which Election is held
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STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

Resolutions.

MONETARY

SCHEDULE

## For Instructions, See Back of Form

## **CONTRIBUTIONS - MONEY TAKEN IN**

(Rev. 07/03) RECEIPTS (Including candidate's personal funds) CHECK THIS BOX IF COMMINTEE NAME (Must be same as on Statement of Organization) AMENDING FORM SURCIUSON COMMITTER

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	VIFFOR FUND- RAISER INCOMI
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\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of contanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

TOTAL (if last page of this schedule)